

TRANSMITTAL FORM

Application Number	10/551,563
Filing Date	November 16, 2006
First Named Inventor	Werner Kehl
Group Art Unit	1793
Examiner Name	Shevin, Mark L.
Attorney Docket No.	20496-492
Patent No.	Not yet assigned
Issue Date	Not yet assigned

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment and Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time (3 months) <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of Foreign References and NPL <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Appendix to Response (4 pages) <input checked="" type="checkbox"/> Substitute Specification, clean copy (6 pages) <input checked="" type="checkbox"/> Substitute Specification, changes marked (7 pages)
--	--	---

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Respectfully submitted,
 Date: June 29, 2010 /Anita M. Bowles, No. 61,189/
 Reg. No.: 61,189 Anita M. Bowles, Ph.D.
 Tel. No.: (617) 526-9727 Agent for the Applicant(s)
 Fax No.: (617) 526-9899 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600